

**Health Office Field Trip Information**  
**GREAT OAK MIDDLE SCHOOL**  
**Oxford, CT 06478**

Dear Parent/Guardian,

In case of emergency, we must have the following information in our file for each person planning to participate in class trips for this school year.

**Student's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Flex Teacher** \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_ **Father/Guardian's Name** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Other #** \_\_\_\_\_ **Other #** \_\_\_\_\_

Please list the name and number of the person to be reached in the event the parents are not available.

**Emergency Contact** \_\_\_\_\_ **Home/Cell #** \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ If medical attention is required, you may give my child emergency first aid and have him/her treated by a physician.

\_\_\_\_\_ No, you may not take my child to a physician if necessary.

Name/type of coverage \_\_\_\_\_

\*Is your child allergic to any medication/food or insects? \_\_\_ Yes \_\_\_ No

If yes, list \_\_\_\_\_ Medication- \_\_\_\_\_

\*Does your child have specific health problems? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_ Medication- \_\_\_\_\_

\*Does your child get motion sick? \_\_\_\_\_ If yes, do they require medication for trips? \_\_\_\_\_

If medication is required during the hours of the trip, please contact Shelley Blake RN for a Doctors order form @ 203-888-5418

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

PLEASE NOTE: IF THERE ARE ANY CHANGES DURING THE SCHOOL YEAR IN THE INFORMATION LISTED ABOVE, PLEASE LET EITHER THE OFFICE OR THE NURSE KNOW.

